

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00486845		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Pacific East [MEMO ITEM]			Date M M / D D / Y Y Y Y Y Y 09 / 19 / 2012		
Mailing Address PO Box 739			Amount 90.21		
City Sumas		State WA	Zip Code 98295		
Purpose of Expenditure Estimate:Phone Matching		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 		
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 9962.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee Chapman Cubine Adams + Hussey [MEMO ITEM]			Date M M / D D / Y Y Y Y Y Y 09 / 19 / 2012		
Mailing Address 1600 Wilson Blvd Ste 300			Amount 333.33		
City Arlington		State VA	Zip Code 22209		
Purpose of Expenditure Estimate:Telemarketing Fees		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 		
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 9962.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Patrick Collins</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y 09 / 28 / 2012</p>					

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PAGE 2 OF 3
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NAME OF COMMITTEE (In Full) LCV Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00486845	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Telefund Inc. [MEMO ITEM]			Date MM / DD / YYYY 09 / 19 / 2012	
Mailing Address PO Box 2366			Amount 4175.53	
City Denver	State CO	Zip Code 80201	Transaction ID : E8D12B98F268949878A8	
Purpose of Expenditure Estimate:Telemarketing Calls		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9962.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ComNet Marketing Group Inc. [MEMO ITEM]			Date MM / DD / YYYY 09 / 19 / 2012	
Mailing Address 1214 Stowe Ave			Amount 5363.82	
City Medford	State OR	Zip Code 97501	Transaction ID : E7582B0FE50C0418F8CB	
Purpose of Expenditure Estimate:Telemarketing Calls		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9962.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Patrick Collins

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2012

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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee League of Conservation Voters, Inc.		Date MM / DD / YYYY 09 / 28 / 2012	
Mailing Address 1920 L Street, NW Ste 800		Amount 211.85	
City Washington	State DC	Zip Code 20036	Transaction ID : E8CBA9B52CC17453B9C3
Purpose of Expenditure Email & Staff for Fundraising Appeal		Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10174.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	211.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	211.85

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

Signature

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2012